



IFW

STATUS INQUIRY

Docket Number (Optional)
062020-1360

First Named Inventor: **Daley, et al.**

Group Art Unit: **2621**

Application No.: **10/612,203**

Examiner:

Filed: **07/02/2003**

Confirmation No.: **4085**

Title: **Systems and Methods for Inspecting natural or Manufactured Products**

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

WARNING: Submission of a status letter after a Notice of Allowance may subject an application to a reduction in patent term adjustment under 37 C.F.R. 1.704(c)(10). See Notice of May 29, 2001, 1247 OG 111-112, June 26, 2001.

1. More than **23** months have passed since

☒ **NEW APPLICATIONS**

the filing of this application on **July 2, 2003**.

No communication has been received from the Patent and Trademark Office indicating action on this application.

(Note: Do not file a status inquiry until at least 18 months has elapsed with no communication from the PTO)

☐ **AMENDED APPLICATIONS**

the filing of a response on

No further communication has been received from the Patent and Trademark office.

(Note: Do not file a status inquiry until 6 months has elapsed with no response from the PTO)

☐ **APPEALED APPLICATION**

The Appeal Brief was filed on

CERTIFICATE OF MAILING 37 CFR 1.8(a)

I hereby certify that this correspondence is being:

☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 308-6916.

Date

Signature

6-6-05

Julie Campbell

(check and complete applicable items below)

☐ An Examiner's Answer was mailed on

☐ A Reply to the Examiner's Answer was submitted on

☐ ALLOWED APPLICATIONS

the mailing of FORM POL-327 and/or Examiner's Amendment on

2. Kindly advise the undersigned of the present status of this application.

6/6/5
Date


Signature

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